

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890836 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	3		/			
7	3		/			
8	3		/			
9	3		/			
10	3		/			
11	3		/			
12	3		/			
13	3		/			
14	/	1	/			
15	/	1	/			
16	/	1	/	1		
17	/	1	/	1		
18	/	1	/	1		
19	/	1	/	1		
20	/	1	/	1		
21	/	1	/	1		
22	2	2	2	2		
23	2	2	2	2		
24	2	2	2	2		
25	/	/	/	/		
26	/	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
29	/	/	/	/		
30	/	/	/	/		
31	/	/	/	(1)		
32	4	4	4	4		
33	4	4	4	4		
34	/	/	/			
35	/	/	/			
36	/	/	/			
37	/	/	/			
38	/	/	/			
39	/	/	/			
40	/	/	/			
41	5	5	5	5		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		8	1		
TOTAL DEP.	6		36	15		
TOTAL CLAIMS	74		144	160		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY